PART B - FEE(S) TRANSMITTAL

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indicated unless correcte maintenance fee notificat	d below or directed oth ions.	nerwise in Block I, by (a	a) specifying a new corres	spondence address; and/o	or (b) indicating a sepa	rate "FEE ADDRESS" for
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20995	7590 08/23/	/2007	have	e its own certificate of mi	ailing or transmission.	
KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
IRVINE, CA 926	014			(Depositor's name) (Signature)		
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	DRNEY DOCKET NO.	CONFIRMATION NO.
09/804,480 03/12/2001			Michael P. Maher	AUROBIO.026DV1 1223		1223
TITLE OF INVENTION:	ION CHANNEL ASSA	AY METHODS				
APPLN. TYPE '	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/23/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
PAK, MICHAEL D		1646	435-007200			-
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Vertex Pharmaceuticals (San Diego) LLC San Diego, California						
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🔲 Government						
4a. The following fee(s) are submitted: Vissue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			 b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form). 			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee and	d Publication Fee (if req	uired) will not be accepte	ed from anyone other than			FR 1.27(g)(2).
interest as shown by the r	ecords of the United Sta	stes Patent and Trademark	k Office.			
Authorized Signature			Date November 8, 2007			
Typed or printed name			Registration No. 40,490			
Alexandra, virgina 225	13.1430.		on is required to obtain or 1.14. This collection is es y depending upon the indice Chief Information Offic COMPLETED FORMS Tespond to a collection of in			i by the USPTO to process) ig gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number,